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Image# 14960755248

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	An Authorized	d Commit	tee			Office Use Only
NAME OF COMMITTEE (in full) TYPE OR F	PRINT ▼		ole: If typing ne lines.	g, type	12FE4M5	
Ehab Atalla for Congress						1
ADDRESS (number and street)	ookhurst, Suite C	-126				
Check if different						
than previously reported. (ACC)					CA _	92804
2. FEC IDENTIFICATION NUMBER ▼	CI	TY A			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00555839	3. IS T REP	THIS PORT	NEW (N)	OR	AMENE (A)	
4. TYPE OF REPORT (Choose One)						
(a) Quarterly Reports:	(b) 12-D	ay PRE -Ele	ction Repo	rt for the:		_
		Pri	mary (12P)		General (*	12G) Runoff (12R)
X April 15 Quarterly Report (Q1)		Co	nvention (12C)	Special (1	2S)
July 15 Quarterly Report (Q2)			`			
October 15 Quarterly Report (Q	(3) Elec	tion on	M = M /	D D /	Y " Y " Y " Y	in the State of
January 31 Year-End Report (YI	E) (c) 30-D	ay POST -El	ection Rep	ort for the:		
		Ge	eneral (30G		Runoff (30	DR) Special (30S)
Termination Report (TER)	Elec	tion on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period 01 01	D / Y Y Y Y 2014	Y	through	M M M 03	/ D D /	Y Y Y Y Y 2014
I certify that I have examined this Report ar	nd to the best o	of my knowl	edge and l	pelief it is tru	ie, correct and	d complete.
Type or Print Name of Treasurer Yolanda	Miranda					
Signature of Treasurer Yolanda Miranda		[Elé	ectronically I	Filed] D	ate 04	/ D D / Y Y Y Y Y 111 2014
NOTE: Submission of false, erroneous, or inco	omplete informati	on may subj	ect the per	son signing t	his Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Ehab Atalla for Congress

01 2014 01 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 5250.00 5250.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 5250.00 5250.00 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 22979.06 22979.06 (from Line 17) (b) Total Offsets to Operating 1190.00 1190.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 21789.06 21789.06 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 5460.94 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 22500.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 19

Write or Type Committee Name

Ehab Atalla for Congress

Report Covering the Period: From: 01 01 2014 To: 03 31 2014

	I. RECEIPTS	I. RECEIPTS COLUMN A Total This Period			
1. (CONTRIBUTIONS (other than loans) FROM:				
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	5250.00	5250.00		
	(ii) Unitemized(iii) TOTAL of contributions	0.00	0.00		
	from individuals	5250.00	5250.00		
`	b) Political Party Committees c) Other Political Committees	0.00	0.00		
`	(such as PACs)	0.00	0.00		
`	d) The Candidatee) TOTAL CONTRIBUTIONS (other than loans)	0.00	0.00		
	(add Lines 11(a)(iii), (b), (c), and (d))	5250.00	5250.00		
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00		
	OANS: a) Made or Guaranteed by the				
(Candidate	0.00	0.00		
`	b) All Other Loans	22500.00	22500.00		
	(add Lines 13(a) and (b))	22500.00	22500.00		
E	DFFSETS TO OPERATING EXPENDITURES Refunds, Rebates, etc.)	1190.00	1190.00		
5. (DTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00		
1	TOTAL RECEIPTS (add Lines 1(e), 12, 13(c), 14, and 15) Carry Total to Line 24, page 4)	28940.00	28940.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	22979.06	22979.06
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20	REFUNDS OF CONTRIBUTIONS TO:	, ,	,
_0.	(a) Individuals/Persons Other	0.00	0.00
	Than Political Committees		7 7 7
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTHER DISBURSEMENTS	500.00	500.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	23479.06	23479.06
	III. CASH SUM	MMARY	
23.	CASH ON HAND AT BEGINNING OF REPORT	TING PERIOD	0.00
24	TOTAL RECEIPTS THIS PERIOD (from Line 16	6, page 3)	28940.00
25.	SUBTOTAL (add Line 23 and Line 24)		28940.00
26.	TOTAL DISBURSEMENTS THIS PERIOD (from	n Line 22)	23479.06
27.	CASH ON HAND AT CLOSE OF REPORTING	PERIOD	5460.94

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 5 OF (check only one) 11a 11b 11c 11d Detailed Summary Page 12 13a 13b

19 Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Ehab Atalla for Congress** Full Name (Last, First, Middle Initial) Sherif A. Atalla Date of Receipt Mailing Address PO Box 1423 2014 28 City State Zip Code Transaction ID: INCA4 CA 90254-1423 Hermosa Beach FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation Sierra Network Inc. Cheif Operation Officer Receipt For: 2014 Election Cycle-to-Date Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) Sherif A. Atalla Date of Receipt Mailing Address PO Box 1423 03 29 2014 Citv State Zip Code **Transaction ID: INCA35** Hermosa Beach CA 90254-1423 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1500.00 Name of Employer Occupation Cheif Operation Officer Sierra Network Inc. Receipt For: 2014 Election Cycle-to-Date | Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) David Haddad Date of Receipt Mailing Address 17227 Quesan Place 2014 01 City State Zip Code **Transaction ID: INCA19** CA Encino 91316-3935 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation Eheb Books and Media Publishing, Inc. Sales Manager Receipt For: 2014 Election Cycle-to-Date | Y Primary General Other (specify) 250.00 2750.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LI	NE NU	MBER:	PAGE	6	OF	19
(check	only or	ne)				
X 11	a 🗌	11b	11c	110	d	
12	:	13a	13b	14		15

	ny information copied from such Reports and Stror commercial purposes, other than using the					
\rangle	NAME OF COMMITTEE (In Full) Chab Atalla for Congress					
۹.	Full Name (Last, First, Middle Initial) Jwana Khalaf Mailing Address 10021 Highcliff Drive		Date of Re	eceipt	, <u> </u>	
	City	State Zip Code CA 92705	02 05 2014 Transaction ID : INCA11			
	Santa Ana FEC ID number of contributing federal political committee.	CA 92705	Amount of	pipt this Period		
	Name of Employer Sierra Network Inc. Receipt For: 2014 Primary General Other (specify)	Occupation Sales Manager Election Cycle-to-Date 2500.00		,	2500.00	
3.	Full Name (Last, First, Middle Initial) Mailing Address					
	City	State Zip Code				
	FEC ID number of contributing federal political committee. Name of Employer	Occupation			sipt this Period	
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date				
_	Full Name (Last, First, Middle Initial)		Date of Re	ceipt		
٠.	Mailing Address City	State Zip Code	M M /	D D /	Y II Y II Y	
	FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of	Each Rece	eipt this Period	
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date		,	<i>y</i>	
S	SUBTOTAL of Receipts This Page (optional)			,	2500.00	
Т	OTAL This Period (last page this line number o	nly)			5250.00	

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 19 (check only one) 11a 11b 11c 11d 11d 12 13a X 13b 14 15
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Ehab Atalla for Congress			
Α.	Full Name (Last, First, Middle Initial) Ehab A. Atalla Mailing Address PO Box 326			Date of Receipt
	City Lawndale	State CA	Zip Code 90260-0326	01 27 2014
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Minas Corporation Receipt For: 2014		n ncial Officer ycle-to-Date	10000.00
	Primary General Other (specify)		22500.00]
В.	Full Name (Last, First, Middle Initial) Ehab A. Atalla			Date of Receipt
	Mailing Address PO Box 326		02 18 2014	
	City Lawndale	State CA	Zip Code 90260-0326	Transaction ID : PAYA10
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Minas Corporation	Occupation Chief Finan		7500.00
	Receipt For: 2014 Primary General Other (specify)		ycle-to-Date 22500.00]
_	Full Name (Last, First, Middle Initial) Ehab A. Atalla			Date of Receipt
C.	Mailing Address PO Box 326			03 02 2014
	City Lawndale	State CA	Zip Code 90260-0326	Transaction ID : PAYA21
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Minas Corporation	Occupation Chief Finar	n ncial Officer	5000.00
	Receipt For: 2014 Primary General Other (specify)	Election C	ycle-to-Date 22500.00]
s	UBTOTAL of Receipts This Page (optional)			22500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 8 OF 19 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Ehab Atalla for Congress** Full Name (Last, First, Middle Initial) Data Sys Technologies Group, Inc. Date of Receipt Mailing Address 26895 Alisio Creek Rd., #B670 02 2014 27 City State Zip Code Transaction ID: INCA22 CA 92656 Aliso Viejo FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1190.00 Name of Employer Occupation Website Refund Receipt For: 2014 Election Cycle-to-Date Primary General 1190.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify) 1190.00 SUBTOTAL of Receipts This Page (optional)..... 1190.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3)

PAGE 19 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Ehab Atalla for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Rohnda Ammouri 2014 Mailing Address 2245 W. Broadway, N301 02 03 City State Zip Code Amount of Each Disbursement this Period CA Anaheim 92804 Purpose of Disbursement 2325.00 Communication Consulting 001 **Transaction ID: EXPB12** Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: Full Name (Last, First, Middle Initial) Rohnda Ammouri Date of Disbursement Mailing Address 2245 W. Broadway, N301 02 20 2014 City State Zip Code Amount of Each Disbursement this Period CA 92804 Anaheim 2100.00 Purpose of Disbursement Communication Consulting 001 Transaction ID: EXPB18 Candidate Name Category/ Type Disbursement For: Office Sought: 2014 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Rohnda Ammouri Mailing Address 2245 W. Broadway, N301 03 02 2014 City State Zip Code Amount of Each Disbursement this Period 92804 Anaheim CA Purpose of Disbursement 1350.00 Communication Consulting 001 Transaction ID : EXPB32 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District:

5775.00 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

ITEMIZED DISBURSEMENTS

Image# 14960755257 **PAGE** 10 19 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Ehab Atalla for Congress Full Name (Last, First, Middle Initial) Date of Disbursement Dina Cervantes 2014 Mailing Address 10949 Gothic Ave 03 City State Zip Code Amount of Each Disbursement this Period CA Granada Hills 91344 Purpose of Disbursement 825.00 Fundraiser Consultant 001 **Transaction ID: EXPB28** Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Data Sys Technologies Group, Inc. Date of Disbursement Mailing Address 26895 Alisio Creek Rd., #B670 02 03 2014 City State Zip Code Amount of Each Disbursement this Period CA 92656 Aliso Viejo 1890.00 Purpose of Disbursement Campaign Website Services 001 Transaction ID: EXPB13 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. David Haddad Mailing Address 17227 Quesan Place 02 03 2014 City State Zip Code Amount of Each Disbursement this Period Encino CA 91316-3935 Purpose of Disbursement 500.00 General campaign manager 001 Transaction ID : EXPB15 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House

General

Primary

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Other (specify)

State:

Senate

District:

President

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Ehab Atalla for Congress Full Name (Last, First, Middle Initial) A. David Haddad Mailing Address 17227 Quesan Place		
City State Encino CA Purpose of Disbursement Reimbursement for online subscrition & data Candidate Name Office Sought: House Senate President State: District:		Amount of Each Disbursement this Period 3730.83 Transaction ID: EXPB14
Full Name (Last, First, Middle Initial) Political Data, Inc. Mailing Address P.O. Box 59570 City State Norwalk CA Purpose of Disbursement Online subscription Candidate Name Office Sought: House Senate President State: District:	Zip Code 90652 001 Category Type For: 2014 ary General r (specify)	Date of Disbursement M
Full Name (Last, First, Middle Initial) C. David Haddad Mailing Address 17227 Quesan Place City State Encino CA Purpose of Disbursement General campaign manager Candidate Name Office Sought: House Disbursement Senate President District:		Date of Disbursement M M / D D / Y Y Y Y 2014 Amount of Each Disbursement this Period 1000.00 Transaction ID: EXPB25

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

	J									
SC	CHEDULE B	(FEC Form	3)	Use separate sch		FOR LINE NUMBER: PAGE 12 OF 19 (check only one)				
ITI	EMIZED DIS	BURSEMEN	rs	for each category	of the	X 17 18 19a 19b				
_				Detailed Summar	y Page	20a 20b 20c 21				
						erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMM	IITTEE (In Full)								
	Ehab Atalla	for Congress								
		First, Middle Initial)								
A.	David Hadd	ad				Date of Disbursement				
	Mailing Address	17227 Quesan Place				03 01 2014				
	City		State	Zip Code		Amount of Each Disbursement this Period				
	Encino		CA	91316-3935						
	Purpose of Disbur General campaig				001	750.00				
	Candidate Name					Transaction ID : EXPB31				
	Canadate Name				Category/ Type					
	Office Sought:	House	Disbursement For	: 2014						
		Senate	X Primary	General						
	Olate	President	Other (s	pecify)						
_	State: Full Name (Last. F	District: First, Middle Initial)								
В.	David Haddad					Date of Disbursement				
				M M / D D / Y Y Y						
	Mailing Address	17227 Quesan Place				03 15 2014				
	City		State	Zip Code		Amount of Each Disbursement this Period				
	Encino Purpose of Disbur	reamant	CA	91316-3935		500.00				
	General campaig				001					
	Candidate Name				Category/	Transaction ID : EXPB30				
					Туре					
	Office Sought:	House	Disbursement For Primary							
		Senate President	Other (s							
	State:	District:		r - 277)						
	Full Name (Last, F	First, Middle Initial)	1							
C.	David Hadd	ad				Date of Disbursement				
	Mailing Address	17227 Quesan Place				03 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City		State Zi		Amount of Each Disbursement this Period					
	Encino			1316-3935		Amount of Each disbursement this Period				
	Purpose of Disbur General campaig				201	250.00				
	Candidate Name				001	Transaction ID : EXPB29				
			,		Category/ Type					
	Office Sought:	House	Disbursement For							
		Senate President	Primary Other (s	General pecify)						
	State:	District:		poony)						

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Š									
	SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS			Use separate sch for each category Detailed Summar	nedule(s) / of the	FOR LINE NUMBER: PAGE 13 OF 19 (check only one) X 17			
						erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
	NAME OF COM	•							
Α.	Steven Hoo					Date of Disbursement O2 28 2014			
	Mailing Address	727 Crest Drive	02 20 2014						
	City Orem		State UT	Zip Code 84057		Amount of Each Disbursement this Period			
	Purpose of Disbu Website Develo				001	1000.00 Transaction ID : EXPB33			
	Candidate Name				Category/ Type	Halisaction ID . EAPB33			
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General					
_	State:	District:							
В.	Full Name (Last, First, Middle Initial) Steven Hooley Mailing Address 727 Crest Drive					Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	City State Zip Code Orem UT 84057					Amount of Each Disbursement this Period			
	Purpose of Disbu Website Develo	rsement				700.00			
	Candidate Name				Category/ Type	Halisaction ID . EAPB21			
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General					
	State:	District: First, Middle Initial)							
C.	Steven Hoo	•				Date of Disbursement			
	Mailing Address 727 Crest Drive					03 / 21 / 2014			
	City State Zip Code Orem UT 84057					Amount of Each Disbursement this Period			
	Purpose of Disbursement Website Design 001					500.00			
	Candidate Name				Category/ Type	Transaction ID : EXPB26			
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General	·				
	State:	District:							

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

	SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS Applies formation popied from such Paparte and Statemen		-	Use separate sch for each category Detailed Summar	of the	FOR LINE NUMBER: PAGE 14 OF 19 (check only one) X 17				
						person for the purpose of soliciting contributions see to solicit contributions from such committee.				
	NAME OF COMMI Ehab Atalla t	TTEE (In Full) for Congress								
	Full Name (Last, F	irst, Middle Initial)								
A.	Registrar of	Voters				Date of Disbursement				
	Mailing Address 1300 S. Grand Ave., #C					02 24 2014				
	City		State	Zip Code		Amount of Each Disbursement this Period				
	Santa Ana		CA	92705						
	Purpose of Disburs Filing fee	sement			001	2840.00				
	Candidate Name				Category/	Transaction ID : EXPB24				
	Office Sought:	House Senate President District:	Disbursement For Primary Other (s	General	Туре					
_	Full Name (Last, F		I							
B.	Secretary of State Mailing Address 1500 11th Street, Room 495					Date of Disbursement M M M / D D / Y M Y M Y M Y M Y M Y M Y M Y M Y M Y				
	City State Zip Code					Amount of Fook Diskumonout this David				
	Sacramento CA 95814					Amount of Each Disbursement this Period				
	Purpose of Disburs Filing fee	sement			001	1698.24				
	Candidate Name				Category/ Type	Halisaction ID . EAF 834				
	Office Sought:	House Senate President District:	Disbursement For Primary Other (s	General						
	Full Name (Last, F	irst, Middle Initial)								
C.	Yolanda Mira	anda and Asso	ociates			Date of Disbursement				
	Mailing Address 7	28 W. Edna Place				02 20 2014				
	City State Zip Code Covina CA 91722					Amount of Each Disbursement this Period				
	Purpose of Disburs Accounting and re	sement porting services			001	500.00				
	Candidate Name				Category/ Type	Transaction ID : EXPB40				
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General						
_	State:	District:								

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	PA	GE	15	OF	19		
Use separate schedule(s) for each category of the Detailed Summary Page	(check onl	(check only one)						
	X	17	18	3		19a		19b
		20a	20	b		20c		21
ay not be sold or used by any person for the purpose of soliciting contributions								ns

				Detailed Summa	ry Page		20a	20b	20c	21			
		ed from such Report					the purp	ose of solic	iting contrib	utions			
\rangle		for Congress											
۹.	Full Name (Last, First, Middle Initial) Yolanda Miranda and Associates Mailing Address 728 W. Edna Place							Date of Disbursement O2 20 2014					
City State Zip Code							Amount of Each Disbursement this Period						
Covina CA 91722 Purpose of Disbursement Overnight services					001	19.99 Transaction ID : EXPB38							
	Candidate Name			Category/ Type	Iransa								
	Office Sought: State:	House Senate President District:	Disbursement For: Primary Other (sp	General									
Full Name (Last, First, Middle Initial) Yolanda Miranda and Associates								ursement	Y				
Mailing Address 728 W. Edna Place						03 10 7 2014			Y				
CityStateZip CodeCovinaCA91722						Amo	unt of Ea	ach Disburs	ement this F	-			
	Purpose of Disbur Accounting and r Candidate Name	rsement eporting services.			001 Category/	Transaction ID : EXPB23				00			
	Office Sought:	House Senate President District:	Disbursement For: X Primary Other (sp	General	Туре								
		First, Middle Initial)				Date	of Disbu	ırsement					
Э.	Mailing Address						_	D D /	Y " Y " Y "	Y			
	City		State Zip	Code		Amo	unt of Ea	ach Disburs	ement this F	eriod			
	Purpose of Disbui	rsement					,						
					Category/ Type								
	Office Sought: State:	House Senate President District:	Disbursement For: Primary Other (sp	General									
_	Otate.	District.				<u> </u>			540	00			
S	UBTOTAL of Disb	ursements This Page	(optional)			늗	-		519.	99			
									22979.	06			

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS				Use separate scl for each categor Detailed Summar	y of the	FOR LINE NUMBER: PAGE 16 OF 19 (check only one) 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpo or for commercial purposes, other than using the name and address of any political committee to solicit contribut NAME OF COMMITTEE (In Full)						
\rangle		for Congress				
۹.	Full Name (Last, First, Middle Initial) California Democratic Party			Date of Disbursement O3 10 2014		
	Mailing Address 1401 21st Street, Suite 200					
	City Sacramento	•				Amount of Each Disbursement this Period
	Purpose of Disbur Contribution	rsement			011	Transaction ID : EXPB36
		emocratic Part	·	0044	Category/ Type	
	Office Sought: State:	House Senate President District:	Disbursement For Primary Other (s	General		
	Full Name (Last, F	First, Middle Initial)				5. (5.)
3.	Mailing Address					Date of Disbursement
	City		State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement Candidate Name					
				Category/ Type		· ·
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
	State: Full Name (Last, F	District: First, Middle Initial)				
Э.						Date of Disbursement
	Mailing Address					M M / D D / Y Y Y
	City State Zip Code			p Code		Amount of Each Disbursement this Period
Туре			· .	1		
				Category/ Type		
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General		
	State:	District:				
s	SUBTOTAL of Disb	ursements This Page	(optional)			500.00

TOTAL This Period (last page this line number only).....

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

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OANS		for each category of the Detailed Summary Page (check only one) 13a			
IAME OF COMMITTEE (In Fu	,	Transaction ID : PAYC6			
		I Floriton and			
Ehab A. Atalla	ne (Last, First, Middle Initial)	Election: 2014 Primary General			
Mailing Address PO Box 326	Other (specify)				
City	ry State ZIP Code				
Lawndale	CA	90260-0326			
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period			
	10000.00	0.00 10000.00			
Date Incurr	ed D	ate Due Interest Rate Secured: Output Output			
List All Endorsers or Gua	arantors (if any) to Loan Source	Yes No			
1. Full Name (Last, First,	Middle Initial)	Name of Employer			
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First,	Middle Initial)	Name of Employer			
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First,	Middle Initial)	Name of Employer			
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First,	Middle Initial)	Name of Employer			
Mailing Address		Occupation			
City	State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period Thi	s Page (optional)	10000.00			
FOTALS This Period (last pa	ge in this line only)	······································			
Carry outstanding balance of	nly to LINE 3, Schedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.			

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

FOR LINE NUMBER:

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X	13b

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OANS			for each category of the Detailed Summary Page (check only one) 13a	
IAME OF COMMITTEE (In Fu	,		Transaction ID : PAYC10	
LOAN SOURCE Full Name	DAN SOURCE Full Name (Last, First, Middle Initial) hab A. Atalla			
Mailing Address PO Box 326	General Other (specify) ▼			
City		State ZIP	Code	
Lawndale		CA 902	60-0326	
Original Amount of Loan	7500.00	Cumulative Payment	To Date Balance Outstanding at Close of This Period 0.00 7500.00	
TERMS Date Incurred by 18 Property 18 Pro	Ž014 Y	Date D	ue Interest Rate Secured: O.00 (apr) Yes No	
List All Endorsers or Gua 1. Full Name (Last, First,		o Loan Source	Name of Employer	
Mailing Address	,		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, N	Middle Initial)		Name of Employer	
Mailing Address			Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This	s Page (optional)		7500.00	
TOTALS This Period (last pag	ge in this line only	·)	·······	
Carry outstanding balance of	nly to LINE 3, Sch	nedule D, for this line.	If no Schedule D, carry forward to appropriate line of Summary.	

SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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JANS		Detailed Summary Page	(check only one) X 13b
AME OF COMMITTEE (In Full) Ehab Atalla for Congress		Transactio	on ID : PAYC21
LOAN SOURCE Full Name (Last, Fire	st, Middle Initial)	_	Election: 2014 Primary General
Mailing Address PO Box 326			Other (specify)
City	State ZIP Co		
Original Amount of Loan	Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period
5000.00)	0.00	5000.00
Date Incurred Mo3 / Do2 / Y 2014	Date Due	Interest Rate . YNone Y 0.00	Secured: % (apr) Secured: Yes No
List All Endorsers or Guarantors (if		IN 65 1	
1. Full Name (Last, First, Middle Initial	al)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	9 1 0
2. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	9 1 2
3. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City	ate ZIP Code	Amount Guaranteed Outstanding:	9
4. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City St	ate ZIP Code	Amount Guaranteed Outstanding:	9 1 1 1
SUBTOTALS This Period This Page (opt	ional)	······	5000.00
TOTALS This Period (last page in this lin	ne only)		22500.00
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forwar	rd to appropriate line of Summary.